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## Country programme recommendation**

## Zambia

**Addendum**

*Summary*

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Zambia for the period 2002 to 2006 in the amount of $18,123,000 from regular resources, subject to the availability of funds, and $47,500,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/12.
** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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[1] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

## The situation of children and women

1. The analysis of the situation of children and women remains essentially the same as described in the country note submitted to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.9).

2. However, in response to observations that the country note did not adequately highlight the many positive developments and opportunities in the current situation, the following are noted: Zambia has benefited from continued peace and political stability; and there has been considerable progress in the formulation and development of key policies and plans, such as the National HIV/AIDS/Sexually Transmitted Disease (STD)/Tuberculosis (TB) Medium-Term Strategic Framework, the Education Sector HIV/AIDS Strategy and the Poverty Reduction Strategy Paper (PRSP).

3. Increasingly, the situation of Zambia's children and women is being addressed by the Government and its partners, with an explicit application of a rights-based approach to programming that focuses on the fundamental rights of children and women to survival, development, protection and participation. This rights-based perspective builds on Government responsibilities as a prime duty bearer for the progressive realization of the rights of women and children.

4. Recent data revealed another significant finding not included in the country note. Zambia's public expenditure on basic social services has averaged below 7 per cent over the past five years. This is a source of concern, and a more comprehensive public expenditure review is being carried out under the auspices of the PRSP. Given that Zambia is a beneficiary of the proposed debt relief under the Heavily Indebted Poor Countries Initiative, the future trend of investment in the priority social sectors will be of major concern and require close monitoring.

## Programme cooperation, 1997-2001

5. The current country programme identifies the overall goal of strengthening Zambian capacities to promote sustained improvements in the survival, development and welfare of women and children. These are to be achieved through three broad strategies: positioning children and women at the centre of Zambia's reform and development agenda; increasing access to quality services; and strengthening district, community and family capacities to protect and care for children. These strategies were pursued vigorously.

6. UNICEF has campaigned for the primacy of the rights of children and women in national policy and strategy development, including the Health Sector Strategic Plan; the Basic Education Sub-Sector Investment Programme; water, sanitation and hygiene education (WASHE) strategies; the Orphans and other Vulnerable Children Steering Committee; and the gender policy. The participation of UNICEF in the PRSP process has strengthened an appreciation of the centrality of children's and women's rights in the development of national poverty alleviation strategies.

7. Awareness was raised as a result of an extensive six-month consultative process undertaken by the Government in compiling the initial State Party report on the Convention on the Rights of the Child. This national effort facilitated wide Government consultation with children, youth, adults and various service providers/duty bearers through a series of provincial workshops, polls, radio programmes, debates and focus group discussions.

8. During the current programme, progress was made in improving access to basic services. Progress was most apparent in increased access to safe water and sanitation, community schools, reproductive health services, immunization, food fortification and malaria prevention. In all areas, a specific emphasis was placed on addressing gender imbalances, particularly in girls' education. Strong partnerships with communities, empowerment and awareness-raising activities have worked to foster Zambian ownership, and concurrent capacity development efforts (household to national) have been key to making improvements sustainable.

9. Under the goal of promoting sustained improvement in the health and nutrition status of women and children, the primary health care (PHC) and nutrition programme provided technical and financial support at national and district levels. Since 1997, UNICEF, in collaboration with the Japan International Cooperation Agency, the World Health Organization and the United States Agency for International Development (USAID), has provided vaccines, vitamin A capsules, cold-chain equipment, communication and other logistical support for National Immunization Days and Child Health Weeks. This support contributed to coverage rates above 90 and 91 per cent for polio vaccines and vitamin A, respectively, in 1998. As Chair of the United Nations expanded theme group on HIV/AIDS, UNICEF played a key role, assuring inclusion of issues related to the prevention of mother-to-child transmission (MTCT) of HIV, support for orphans and other vulnerable children, and advocacy for increased action for youth in the National HIV/AIDS/STD/TB Medium-Term Strategic Framework. In the area of reproductive health, a maternal syphilis intervention in five urban districts was launched with a view to expanding to other areas, improving essential obstetric care in three districts and establishing youth-friendly health services for adolescent reproductive health. These interventions provided an entry point for the introduction of voluntary counselling and testing for HIV and interventions to reduce MTCT of HIV, introduced in 1999 in three districts. At the community level, UNICEF supported the implementation of a successful community-based malaria control programme in Luapula province, which significantly reduced malaria prevalence among users of insecticide-treated bednets. Based on malaria evaluations conducted in 1998 and 2000, this programme has been expanded to 38 districts and is a major part of the national Roll Back Malaria strategy.

10. The Education for All programme has addressed the quality of and access to education, with a specific emphasis on girls' education, HIV/AIDS, life skills and the provision of learning opportunities for excluded groups. Through strong advocacy interventions and support to policy development, UNICEF has contributed significantly to the current prioritization of girls' education, as well as HIV/AIDS and life skills in education, as reflected by the inclusion of two separate components in the sector-wide approach (SWAP) to education: equity and gender; and HIV/AIDS.

11. With increased financial support from the Norwegian Agency for International Development (NORAD), the Canadian International Development Agency, USAID and the Government of the Netherlands through UNICEF, the girls' education pilot programme, which started in 1995 in two districts targeting 20 schools, was brought to scale under Government leadership. It is currently being implemented in over 600 schools in all nine provinces of the country. The number of community schools providing learning opportunities for excluded groups has also increased from less than 50 in 1997 to over 700 in 2001. The major supporting partners in this effort were the Canadian and United Kingdom National Committees for UNICEF and the Government of New Zealand. UNICEF assisted in establishing a coordinated

support network, and improving teaching and learning practices and standards in the community. The Ministry of Education, with strong UNICEF involvement, has developed policy guidelines in support of community schools. With funding from the UNICEF National Committees of Canada and the United Kingdom, support to a number of non-governmental organizations (NGOs) in the field of HIV/AIDS peer education has resulted in the establishment of anti-AIDS clubs for both in- and out-of-school children and youth, and has strengthened capacities of youth to undertake HIV/AIDS peer education activities.

12. The WASHE programme continued to assist the Reform Support Unit and the National WASHE to implement water and sanitation sector reforms. A new coordination unit was created in the Ministry of Local Government and Housing to continue with the implementation of sector reforms. The Sanitation Strategy, launched in 1998, was published and disseminated nationally. All 13 UNICEF-supported districts prepared their own district sanitation strategies in 2000. The WASHE concept is now widely accepted, and interventions are reaching 62 of Zambia's 72 districts — a dramatic expansion from the 10 districts initially supported by UNICEF in 1997. Many agencies in the sector are using the WASHE concept, and partnerships with international agencies and programmes have been strengthened through this common approach. In the 13 districts now supported by UNICEF, funding came from the Government of the Netherlands, USAID, Ireland Aid, NORAD and several National Committees.

13. Since 1997, through the UNICEF-supported programme and other donor-assisted programmes, the water coverage in two supported provinces, based on district surveys carried out in 2000, has increased from almost 34 per cent and 47 per cent to 42 and 53 per cent, respectively. Through UNICEF support of community-level capacity-building training on the proper use and maintenance of WASHE facilities, a recent survey in 10 districts indicated that about 90 per cent of hand-pump facilities are working properly. An estimated 22,000 households have built and have started to use family latrines. The number of family latrines built each year in UNICEF-supported districts increased progressively from 200 in 1997 to 3,800 in 1998, 7,800 in 1999 and 22,000 in 2000. National sanitation coverage also increased from 63 per cent in 1990 to 77 per cent in 2000. Recent surveys indicate that some 33 per cent of families are using latrines, with the highest district at 42 per cent. About 50 per cent of the latrines are kept clean and are used properly. About 43 per cent of people wash their hands at essential times, 40 per cent use dish racks and 77 per cent store drinking water safely.

14. The goal of the advocacy, planning and action for women and children programme was to create a policy environment which places the highest priority on the needs of children and women, and recognizes and strives to fulfil their rights. In response to recommendations arising from the mid-term review (MTR), the programme was restructured into the child protection programme, and communication efforts were integrated into related programmes. Under the child protection programme, a number of awareness activities were undertaken in an effort to create an enabling environment that placed highest priority on the progressive realization of the rights of children and women. These activities included training programmes for parliamentarians, counsellors, NGOs, and district and community development committees. UNICEF supported "Children's Summits" during the Day of the African Child, which provided forums for children's participation and expressions of their opinions to decision makers. UNICEF also supported four provincial consultations on child rights and two studies on knowledge/perceptions of child rights. These, in turn, contributed to the drafting of

Zambia's initial State Party report. With support from USAID, the United Kingdom Department for International Development (DfID) and the key line ministries of the Government, two successful national workshops and a regional workshop on orphans and other vulnerable children for 14 countries from Eastern and Southern Africa were held. They provided practical guidelines for programming in this area. A direct outcome of these workshops was the establishment, in 2001, of a Zambian national steering committee on orphans and other vulnerable children, which is providing the necessary policy guidance and leadership.

15. In addition, responding to the rapidly expanding population of children in need (especially orphans and street children), a major study on orphans and vulnerable children, sponsored jointly by the Government, USAID, the Swedish International Development Authority (SIDA) and UNICEF, was completed in 1999. Based on its primary recommendation that caring for such large numbers of these vulnerable children is best assured in community- and family-based arrangements, over 50,000 of them have been supported at the household level. This has been facilitated through two NGO networks, with a combined community-based NGO membership of 146. Direct support has also been provided to a number of smaller NGOs using community-based approaches. Other community-based approaches were piloted to identify and broaden programming options, such as the exemption of health fees for vulnerable children 6-16 years of age in nine districts and a child-care upgrading programme that will establish a national registry and regulate care institutions in the country in accordance with minimum standards of care.

## Lessons learned from past cooperation

16. The lessons learned remain essentially the same as described earlier.

17. Subsequent to the drafting of the country note, a national review of progress on the World Summit for Children goals was undertaken. A lesson learned was that, once achieved, results must be actively sustained or progress can be reversed. Only a sustained commitment, accompanied by continued implementation efforts, can ensure that once reached, goals are not lost. Such has been the experience with salt iodization. The use of iodized salt, which measured high at mid-decade, was considerably lower than expected at end-decade.

18. In addition, the experience of the current country programme has pointed out that policy development and action plans and strategies do not in and of themselves result in improved conditions for children and women. The proposed country programme will build on the policy achievements of the previous cycle and seek to address the evident gap between policy articulation and political will to assure results-oriented programme implementation and sectoral integration at all levels.

# Recommended programme cooperation, 2002-2006

Regular resources: $17,925,000

Other resources: $47,500,000

**Recommended programme cooperation, 2002-2006[a]**

(In thousands of United States dollars)

| | *Regular resources* | *Other resources* | *Total* |
|---|---|---|---|
| Primary health care and nutrition | 4 333 | 13 775 | 18 108 |
| Basic education | 4 185 | 11 162 | 15 347 |
| Water, sanitation and hygiene education | 3 625 | 10 213 | 18 838 |
| Child protection | 4 350 | 12 350 | 16 700 |
| Cross-sectoral costs | 1 630 | - | 1 630 |
| **Total** | **18 123** | **47 500** | **65 623** |

[a] The breakdown for estimated yearly expenditures is given in table 3.

## Country programme preparation process

19. The 1999 MTR, which was a comprehensive and highly consultative process, provided a strong foundation for the subsequent strategy formulation process in 2000. The country programme builds on the outcomes and recommendations of the MTR and strategy development meetings that involved a broad range of partners and stakeholders. Leadership and coordination were provided by the Ministry of Finance and Economic Development. A number of important concurrent processes contributed to strategy development and elaboration of the country programme of cooperation. These included the Common Country Assessment (CCA), the PRSP, the report on the end-decade goals and the preparation of the initial State Party report on the Convention on the Rights of the Child. The strategy meeting, held in October 2000, endorsed the overall direction of the proposed country programme. A conceptual framework focused discussions on linking interventions to address the immediate, underlying and basic causes of factors influencing the health and well-being of women and children.

20. The country programme preparation process also benefited from thematic discussions with key partners; close collaboration with government counterparts; dialogue with young people (as part of the Global Movement for Children); and consultation with donors, diplomatic missions, NGOs, representatives of civil society, national institutions and the United Nations system. Feedback on the country note from the Executive Board was shared with partners, and the issues raised were addressed. The consensus in this dialogue was reflected in the development of the country programme recommendation. Following these consultations at the country level, the PHC and WASHE programmes were delinked in response to the concerns of many partners that the importance of water and sanitation might be eroded through the merger proposed in the country note.

## Country programme goals and objectives

21. To synthesize Zambia's national priorities and the global and regional priorities of UNICEF, it has been agreed to pursue a country programme of cooperation that aims at providing support to build Zambian capacities to uphold national obligations to the survival, development and welfare of women and children as articulated in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

## Relation to national and international priorities

22. Zambia's commitments as a party to both Conventions will be the foundation on which UNICEF cooperation will be based. Human rights will be the central guiding principal for the new country programme, which will continue to be consistent with and supportive of government development policies and programmes. The country programme is also designed to address the remaining challenges and unmet World Summit for Children and National Plan goals, within the context of the two Conventions.

23. The interventions will be undertaken in the context of ongoing, dynamic economic and public sector reforms. The comprehensive cross-sectoral PRSP has emerged as perhaps the most important current initiative, and provides an integrated framework for interventions directed at reducing widespread and increasing poverty, in part through a reduction of the debt burden. Sectoral targets provide a clearly articulated long-term frame of reference for the objectives of the proposed country programme. Also of particular relevance is the 1999 National Capacity-Building Programme for Good Governance, which aims to strengthen good governance, accountability, decentralization and national focus on human rights.

24. SWAPs in the health and education sectors are mechanisms which are increasingly used to channel support from many donors. Capacity-building for accountability and transparency is a major concern for cooperating partners in SWAPs participating in expanded pooled funding. UNICEF will continue to engage in and monitor SWAPs development, but will take a pragmatic approach as a cooperating partner within the UNICEF global guidelines. UNICEF plans to continue its active engagement in SWAPs development, common planning and monitoring mechanisms to ensure that human rights principles are underscored and fully integrated into plans and activities as appropriate.

25. CCA has been produced using a human rights framework. This will serve as a basis for developing the United Nations Development Assistance Framework (UNDAF) and all programmes of cooperation of the United Nations system in Zambia. UNICEF is an active participant in the local United Nations reform process, and the proposed country programme of cooperation has been developed with full consideration of the CCA/UNDAF processes.

26. The programme will also be aligned to both established and emerging UNICEF strategic priorities at regional and global levels, including those stipulated in the medium-term strategic plan for 2002-2005: girls' education; integrated policies for early childhood development (ECD); immunization plus; HIV/AIDS prevention among children; and protection of children from violence, exploitation and abuse.

## Programme strategy

27. The programme strategy remains largely as described in the country note. However, all programmes will give more attention to increasing the participation of youth and children at all levels in recognition of the fact that they are the most important stakeholders and agents for behavioural changes. Their participation is crucial in tackling many development problems, particularly HIV/AIDS. In this regard, the right to information becomes critical to enable young people and children to make informed choices and to meaningfully participate in development activities. The Global Movement for Children provides an excellent opportunity for the mobilization and development of the leadership that will be required for such enhanced participation of youth and children.

28. **PHC and nutrition**. This programme will be implemented in support of national efforts as articulated in the 2001-2005 National Health Strategic Plan and within the framework of the ongoing health sector reform and SWAP. The programme comprises three components which address child health, maternal and adolescent health, and nutrition. UNICEF will contribute to the reduction of infant, under-five and maternal mortality resulting from preventable childhood illnesses, malaria and HIV/AIDS. The health reform decentralization process and the availability of a growing number of NGOs and community-based organizations provide an opportunity for UNICEF to work with these structures to promote community ownership and effectively engage communities and service providers/duty bearers (at district and community levels) in the management, coordination and delivery of health care services.

29. The programme will focus its support in rural and peri-urban areas. Specific activities will include: (a) promotion and improvement of the Integrated Management of Childhood Illness (IMCI) in nine provinces; (b) strengthening the community-based malaria prevention programme in rural areas of five provinces; (c) strengthening the community-based growth monitoring programme in eight districts; (d) strengthening the coverage and quality of national routine childhood immunization services (including tetanus toxoid for pregnant women and adolescent girls); (e) promoting good infant feeding practices; (f) providing micronutrient supplementation; and (g) strengthening and expanding the prevention of MTCT, and youth-friendly and essential obstetric health services.

30. The expected key outcomes for this programme include: increased use of IMCI at the community level in nine provinces; immunization coverage rates maintained above 80 per cent for all antigens and above 60 per cent for two doses of tetanus toxoid for pregnant women; the reduction of malaria morbidity and mortality rates by 50 per cent in the targeted five provinces; increased coverage and quality of UNICEF-supported youth-friendly health services; the prevention of MTCT of HIV and improved reproductive health services; increased use of appropriate infant feeding practices; and increased community-based monitoring of growth and development of infants and children.

31. **Basic education**. This programme will work within the framework of Zambia's education SWAP and will be based on the education policy "Educating our Future". The programme will assist the Government in achieving its target of 100 per cent net enrolment for grades 1-7 by 2005, and contribute to a substantial increase in the percentage of grade 5 students reaching a minimum standard of literacy and numeracy (currently only 32 per cent). The programme has three closely linked programme components.

32. The learning achievement component will focus on improving the quality of education in Zambia and the promotion of a reduction of gender disparities in education. This will be achieved by improving the focus on learning achievement and through the promotion of child-friendly school environments. To improve sustainability, communities will receive basic management training. Implementation focuses mainly on Eastern and Southern Provinces, in close collaboration with the WASHE and health programmes for more effective integration, in collaboration with NGOs. To improve the learning process in schools, teachers will be trained in child-centred and gender-sensitive teaching and learning methods, including child-to-child approaches. The component will contribute to addressing and integrating gender sensitivity into education policies.

33. The HIV/AIDS and life skills component aims to develop and expand effective quality teaching and learning that develop the knowledge, attitudes and life skills of children and adolescents, and promote positive, healthy behaviour change. To achieve this, the component will support HIV/AIDS peer education activities, mainly through NGOs, and the introduction of life skills training for in- and out-of-school children and adolescents. Interventions targeting out-of-school children and youth will include support to community anti-AIDS clubs, training of HIV/AIDS peer educators and support for their outreach activities. Existing pilot activities in these areas will be brought to scale in the proposed country programme, building on successes and lessons learned.

34. The community-based education component aims to strengthen ECD and improve the capacity of communities to provide learning opportunities through community schools. This component will focus especially on the policy aspect of early childhood care practices. At the national level, ECD will be coordinated by a cross-sectoral steering committee that will initiate baseline research on ECD practices. Additionally, this component will support the provision of quality basic education through community schools by strengthening community capacities to manage their schools with child-centred teaching/learning methods and to create stronger linkages with the formal education system. Community-based training activities will strengthen care practices of parents and other caregivers in selected districts.

35. **WASHE**. Through its two components — community WASHE, and school health and hygiene — this programme will seek to reduce the incidence of morbidity and mortality among children under five years old, to support improved water and sanitation facilities, and to strengthen the capacity and skills of parents and caregivers to ensure the right of children to safe water and a clean environment. WASHE has been shown to be an effective entry point for community capacity development and will continue to be a leading intervention. Once WASHE is established in new communities, other interventions will be integrated. The programme will aim at the adoption of improved WASHE practices and capacity-building for 75,000 households (15 per cent of the rural population) and at least 1,000 schools in 15 selected districts of three provinces. Households with orphans and children under five years old will be particularly targeted. The programme will strengthen community-based management of water supplies, sanitation and hygiene practices.

36. Effective partnerships with the Government, NGOs, traditional leaders and the private sector will be capitalized on, and during the proposed programme period, UNICEF will seek to phase out its supply support role. The focus of public/private sector collaboration will be to bring more efficiency and cost-effectiveness to the

provision of services and supplies. UNICEF will strengthen support of community access to financial resources so that in the longer term, communities will be able to support their own WASHE initiatives through privatized local sustainable funding initiatives. Communities will also be able to access funds from the Zambian Social Investment Fund, a recently initiated Zambian social funding initiative.

37. **Child protection**. The overall goal of this programme is to support national efforts for the progressive realization of the rights of children and women to protection, particularly for the most vulnerable. To this end, the proposed programme aims at strengthening the capacity of key duty bearers and facilitating the creation of a more conducive environment. This objective will be achieved through three interlinked and mutually reinforcing components.

38. The mainstreaming of children's and women's rights component will support various activities that foster a stronger sense of duty bearers' accountabilities within the context of the Convention on the Rights of the Child. The component will assist with the dissemination of the two Conventions in local languages. UNICEF will also assist Zambia with legal reforms to domesticate into local laws the human rights principles in the Convention on the Rights of the Child. A popularized version of Zambia's initial State Party report will be disseminated widely and used to advocate for integrating children's and women's rights into training curricula for law enforcement officers, social workers and teachers.

39. The institutional capacity-building component is designed to build Zambian leadership and strengthen coordination of children's issues by the Government. Capacities of personnel in key governmental and non-governmental organizations will be strengthened in order to enable them to effectively plan, coordinate and develop policies and related activities. The profiles of orphans and other vulnerable children will be developed in 30 districts to improve the relevance and impact of the policies and activities. In addition, the capacity to monitor the provision of care, assuring minimum standards, will be strengthened.

40. The rapidly growing number of orphans and other vulnerable children has been absorbed mostly by extended families, whose coping capacities are now over-stretched. The resultant congestion in households is contributing to a growing problem of child abuse, street children and children in conflict with the law. Therefore, the children in need of special protection component is designed to strengthen community and household capacities to respond. Various training and technical supports will be provided, including the training of judicial and law enforcement authorities, technical support to the police to expand protection services that are victim-friendly and life skills programmes for street children at youth resource centres in four urban areas. The component will also provide training for parents, guardians and community caregivers on caring practices/parenting skills, with particular attention to ECD and the training of NGOs on how to provide psychosocial support to households.

41. The three cross-cutting issues (HIV/AIDS, ECD and emergency preparedness) and one cross-cutting strategy (advocacy and social communication) will be addressed throughout the above four sectoral programmes. By 2006, it is expected that at least 50 per cent of in- and out-of-school children aged 13 years and above will be equipped with life skills that will help them to protect themselves from HIV infection. Children at greatest risk will be targeted. For ECD, the inter-programme activities are expected to increase awareness of the importance of ECD, promote ECD practices and improve the readiness of Zambia's children for school. UNICEF will continue to be an active member of the United Nations emergency contingency

planning and implementation group that oversees United Nations responses to emergencies.

42. **Cross-sectoral costs** will cover programme implementation costs not attributable to individual programmes, but clearly linked to programme delivery, including support staff costs and other operational functions.

## Monitoring and evaluation

43. The integrated monitoring, evaluation and research plan and logical frameworks for each project and programme have been developed as tools to guide the work of the programme planning and coordination section. To continually improve the relevance, effectiveness and efficiency of the country programme, a number of performance assessment tools will be employed, including progress reporting and the establishment of a database for bi-annual reviews and mid- and end-programme performance assessments. The Central Statistics Office will serve as Government focal point for the collection of information and the coordination of monitoring and evaluation processes. The main indicators to measure the progress of the overall country programme are: infant and under-five mortality rates; maternal mortality ratio; coverage against vaccine-preventable diseases; malaria rate; malnutrition rate; primary school enrolment and retention rates; ECD indicators for children aged 0-8 years (such as access to adequate nutrition and nurturing environment); and gender gap in literacy. Efforts will be made at every level to introduce rights-based indicators. Those measuring the realization of children's and women's right to participation will be particularly challenging and will receive due consideration. Field visit reporting and monitoring will be strengthened through the programme planning and coordination section. Greater attention will be paid to the need for disaggregated data, in-depth analysis and mechanisms to ensure that the views of intended beneficiaries are integrated in policy and programming decisions.

44. In order to ensure close linkages between national poverty reduction efforts and realization of the rights of women and children, UNICEF will be involved in the development of national planning frameworks and will closely monitor efforts to reduce poverty in the country.

45. Research on areas that cut across all programmes will be undertaken in the first part of the country programme. For example, a baseline survey on child-rearing is planned in 2002 to provide useful input for ECD activities; the situation analysis of orphans and vulnerable children conducted in 1999 will also be updated in 2002. The MTR is expected to take place in 2004 to capture lessons learned and provide a basis for adjustments and fine-tuning of priorities and strategies of the country programme based on experience and lessons learned.

## Collaboration with partners

46. The broad agenda for children and women to be implemented in the 2002-2006 country programme will require a continued strengthening of existing relations with the Government, United Nations agencies, bilateral partners and donors. The already strong alliances with the international community and UNICEF National Committees will be continued. New partnerships and collaboration with the increasing number of members of civil society organizations, in particular NGOs, faith-based groups, community associations and young people, will be fostered.

Particular emphasis will be placed on forging stronger partnership with youth and children, which will be pursued in the context of the Global Movement for Children. Given the community focus of the country programme, more partnerships will be forged at subnational levels. Within the framework of a rights-based approach, strategic alliances will be built with non-traditional partners which are key duty bearers identified through obligation and role analyses. These include lawmakers (parliamentarians), law enforcement authorities, the national human rights commission, and religious and traditional leaders.

47. UNICEF will continue to contribute to the United Nations reform process in-country and to be an active member of the United Nations country team. Programme cycles have been harmonized and priority areas agreed upon during the CCA process undertaken in 2000. The CCA, using rights-based and poverty reduction frameworks, provides a basis for developing the UNDAF, which is currently under way. In order to further spearhead the rights-based approach and focus on women and children, stronger collaboration and joint programming opportunities will be sought with other agencies of the United Nations.

48. Existing partnership with bilateral and multilateral agencies will be strengthened in the new country programme through periodic consultations, joint field visits, sharing information and the preparation of quality donor reports on a timely basis. New opportunities arising with the agencies that are vigorously pursuing a rights-based approach, such as DfID and SIDA, will be fully developed. In addition, examples of bilateral partnerships that currently exist and are expected to assist UNICEF in raising other resources for the country programme include: the Governments of the Netherlands, Norway, the United Kingdom, Finland, Japan, Australia, Denmark, Ireland, Canada, the United States and New Zealand; the European Union; and the National Committees of the United Kingdom, Ireland, Italy, Canada, Germany, the Netherlands, Australia, the United States and Switzerland.

## Programme management

49. The Ministry of Finance and Economic Development will provide oversight through the Country Programme Coordinating Committee. With the leadership of this ministry, the country programme will work to strengthen national-level response and directly address the limitations of the capacity of key duty bearers to meet their obligations to respect and realize the rights of Zambian children and women. Simultaneously, the programme will focus on the capacity development of front-line duty bearers at district, community and family levels for progressive and sustained improvements in survival, development, protection and participation outcomes.

50. The country programme will operate in a greatly expanded number of districts. UNICEF inputs at the subnational level will be mobilized mainly through the line ministries. However, with the increasing role of NGOs in the country programme, a more coherent mechanism will be put in place to ensure effective and systematic support and management. Community-level associations and institutions will be involved in planning and monitoring of community-based initiatives and cross-cutting activities.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

| Zambia | (1999 and earlier years) | | UNICEF country classification |
|---|---|---|---|
| Under-five mortality rate | 202 | (2000) | Very High U5MR |
| Infant mortality rate | 112 | (2000) | Very High IMR |
| GNP per capita | $ 330 | (1999) | Low Income |
| Total population | 9.0 million | (1999) | |

| KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT | | 1970 | 1980 | 1990 | 2000 |
|---|---|---|---|---|---|
| Births | (thousands) | 216 | 272 | 361 | 444 |
| Infant deaths (under 1) | (thousands) | 24 | 25 | 39 | 50 |
| Under-five deaths | (thousands) | 39 | 41 | 69 | 90 |
| Under-five mortality rate (per 1,000 live births) | | 181 | 149 | 192 | 202 |
| Infant mortality rate (under 1) (per 1,000 live births) | | 109 | 92 | 108 | 112 |

| | | About 1990 | Most recent |
|---|---|---|---|
| Underweight children (under 5) | Moderate & severe | 25 | 25 |
| (% weight for age, 1992/1999) | Severe | 6 | .. |
| Babies with low birth weight (%, 1990) | | 13 | .. |
| Primary school children reaching grade 5 (%, 1994) | | 84 | .. |

| NUTRITION INDICATORS | About 1990 | Most recent |
|---|---|---|
| Exclusive breast-feeding rate (<4 mos.) (%, 1992/1998) | 13 | 11 |
| Timely complementary feeding rate (6-9 mos.) (%, 1992) | 88 | .. |
| Continued breast-feeding rate (20-23 mos.) (%, 1992/1998) | 34 | 39 |
| Prevalence of wasting (0-59 mos.) (%, 1992/1999) | 5 | 4 |
| Prevalence of stunting (0-59 mos.) (%, 1992/1999) | 40 | 59 |
| Vitamin A supplementation coverage (6-72 mons.) (%, 1999) | .. | 75 |
| Household consuming iodized salt (%, 1995/1999) | 90 | 54 |

| HEALTH INDICATORS | | About 1990 | Most recent |
|---|---|---|---|
| ORT use rate (%, 1996) | | .. | 57 |
| Routine EPI vaccines financed by government (%, 1999) | | .. | 0 |
| Use of improved drinking water sources | Total | 52 | 64 |
| (% of population, 1990/2000) | Urban/rural | 88/28 | 88/48 |
| Use of improved sanitation facilities | Total | 63 | 78 |
| (% of population, 1990/2000) | Urban/rural | 86/48 | 99/64 |
| Births attended by trained personnel (%, 1992/1996) | | 51 | 47 |
| Maternal mortality rate (per 100,000 live births, 1996) | | .. | 650 |

| Immunization | | 1981 | 1985 | 1990 | 1995 | 1999 |
|---|---|---|---|---|---|---|
| One-year-old (%) immunized against: | Tuberculosis | 72 | 92 | 97 | 97 | 94 |
| | DPT | .. | 66 | 91 | 86 | 84 |
| | Polio | .. | 61 | 90 | 84 | 85 |
| | Measles | .. | 58 | 90 | 86 | 90 |
| Pregnant women (%) immunized against: | Tetanus | .. | 40 | 68 | 44 | 55 |

TABLE 1 (continued)

Zambia

| EDUCATION INDICATORS | | About 1990 | Most recent |
|---|---|---|---|
| Primary enrolment ratio (gross/net) (%, 1994/1998, 1991/1999) | Total | 91/70 | 101/67 |
| | Male | 94/70 | 102/67 |
| | Female | 88/70 | 100/68 |
| Secondary enrolment ratio (gross/net) (%, 1994) | Total | 28/16 | ../.. |
| | Male | 34/19 | ../.. |
| | Female | 21/14 | ../.. |
| Adult literacy rate, 15 years & older (%, 1990/2000) | Total | 68 | 78 |
| | Male/female | 79/59 | 85/71 |
| Radio/television sets (per 1,000 population, 1990/1997) | | 90/29 | 120/32 |

| DEMOGRAPHIC INDICATORS | | 1970 | 1980 | 1990 | 1999 | 2000 |
|---|---|---|---|---|---|---|
| Total population | (thousands) | 4202 | 5859 | 8049 | 10187 | 10421 |
| Population aged 0-18 years | (thousands) | 2206 | 3156 | 4273 | 5435 | 5571 |
| Population aged 0-5 years | (thousands) | 808 | 1114 | 1460 | 1852 | 1887 |
| Urban population (% of total) | | 30.1 | 39.0 | 35.4 | 34.8 | 34.9 |
| Life expectancy at birth (years) | Total | 46 | 50 | 48 | 41 | 41 |
| | Male | | 45 | 49 | 48 | 41 | 42 |
| | Female | | 48 | 52 | 49 | 41 | 41 |
| Total fertility rate | | | 7.5 | 7.0 | 6.3 | 5.9 | 5.9 |
| Crude birth rate (per 1,000 population) | | | 52 | 46 | 45 | 43 | 43 |
| Crude death rate (per 1,000 population) | | | 19 | 15 | 16 | 21 | 20 |

| | | About 1990 | Most recent |
|---|---|---|---|
| Contraceptive prevalence rate (%, 1992/1996) | | 15 | 25 |
| Population annual growth rate (%, 1970-90/1990-99) | Total | 2.7 | 2.4 |
| | Urban | 4.1 | 2.4 |

| ECONOMIC INDICATORS | | About 1990 | Most recent |
|---|---|---|---|
| GNP per capita annual growth rate (%, 1980-90/1990-99) | | -2.9 | -0.9 |
| Inflation rate (%, 1980-89/1990-98) | | 38 | 64 |
| Population below $1 a day (%, 1990-99) | | .. | 73 |
| Household income share (%, 1996) | Top 20%/bottom 40% | ../.. | 55/12 |
| Government expenditure (% of total expenditure, 1988/1999) | Health/education | 7/9 | 13/14 |
| | Defense | .. | 4 |
| Household expenditure (% share of total, 1980 or 1985) | Health/education | 5/6 | ../.. |
| Official development assistance: (1990/1998) | $US millions | 430 | 349 |
| | As % of GNP | 13 | 11 |
| Debt service (% of goods and services exports, 1990/1997) | | 12 | 19 |

## TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1997-2001 a/

COUNTRY: ZAMBIA
LATEST BOARD APPROVAL: 1996
REGULAR RESOURCES:$ 12,739,000

(In thousands of United States dollars)

| Programme sectors/areas | Supplies and equipment (actual) | | Training grants (actual) | | Project staff (actual) | | Other cash (actual) | | TOTAL | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Regular resources b/ | | Other resources | | Total (RR & OR) | |
| | RR b/ | OR | RR b/ | OR | RR b/ | OR | RR b/ | OR | Actual | Planned | Actual | Planned | Actual | Planned |
| Health and nutrition | 2,044 | 3,929 | 52 | 41 | 773 | 438 | 2,265 | 4,351 | 5,134 | 4,437 | 8,759 | 16,000 | 13,893 | 20,437 |
| Education for All | 116 | 1,648 | 0 | 71 | 77 | 1,252 | 278 | 3,714 | 471 | 1,417 | 6,685 | 10,000 | 7,156 | 11,417 |
| Water, sanitation and health education | 463 | 676 | 0 | 168 | 365 | 640 | 895 | 1,807 | 1,723 | 1,620 | 3,291 | 10,250 | 5,014 | 11,870 |
| Adv/planning/action for women/children | 140 | 198 | 3 | 3 | 706 | 394 | 713 | 1,665 | 1,562 | 3,115 | 2,260 | 9,200 | 3,822 | 12,315 |
| Programme support | 206 | 25 | 2 | 0 | 1,197 | 0 | 592 | 211 | 1,997 | 2,150 | 236 | 2,050 | 2,233 | 4,200 |
| GRAND TOTAL | 2,969 | 6,476 | 57 | 283 | 3,118 | 2,724 | 4,743 | 11,748 | 10,887 | 12,739 | 21,231 | 47,500 | 32,118 | 60,239 |

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Actual RR expenditure includes allocations from global set-aside.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: ZAMBIA
PROGRAMME CYCLE : 2002-2006

| | FUND | 2002 | 2003 | 2004 | 2005 | 2006 | TOTAL |
|---|---|---|---|---|---|---|---|
| PRIMARY HEALTH CARE & NUTRITION | RR | 906,000 | 906,000 | 906,000 | 708,000 | 907,000 | 4,333,000 |
| | OR | 2,755,000 | 2,755,000 | 2,755,000 | 2,755,000 | 2,755,000 | 13,775,000 |
| | TOTAL | 3,661,000 | 3,661,000 | 3,661,000 | 3,463,000 | 3,662,000 | 18,108,000 |
| BASIC EDUCATION | RR | 600,000 | 847,000 | 847,000 | 1,045,000 | 846,000 | 4,185,000 |
| | OR | 2,234,000 | 2,232,000 | 2,232,000 | 2,232,000 | 2,232,000 | 11,162,000 |
| | TOTAL | 2,834,000 | 3,079,000 | 3,079,000 | 3,277,000 | 3,078,000 | 15,347,000 |
| WATER, SANIT.& HYGIENE EDUCATION | RR | 725,000 | 725,000 | 725,000 | 725,000 | 725,000 | 3,625,000 |
| | OR | 2,045,000 | 2,042,000 | 2,042,000 | 2,042,000 | 2,042,000 | 10,213,000 |
| | TOTAL | 2,770,000 | 2,767,000 | 2,767,000 | 2,767,000 | 2,767,000 | 13,838,000 |
| CHILD PROTECTION | RR | 870,000 | 870,000 | 870,000 | 870,000 | 870,000 | 4,350,000 |
| | OR | 2,470,000 | 2,470,000 | 2,470,000 | 2,470,000 | 2,470,000 | 12,350,000 |
| | TOTAL | 3,340,000 | 3,340,000 | 3,340,000 | 3,340,000 | 3,340,000 | 16,700,000 |
| CROSS-SECTORAL COSTS | RR | 326,000 | 326,000 | 326,000 | 326,000 | 326,000 | 1,630,000 |
| | OR | | | | | | |
| | TOTAL | 326,000 | 326,000 | 326,000 | 326,000 | 326,000 | 1,630,000 |
| TOTAL, PROGRAMME BUDGET | RR | 3,427,000 | 3,674,000 | 3,674,000 | 3,674,000 | 3,674,000 | 18,123,000 |
| | OR | 9,504,000 | 9,499,000 | 9,499,000 | 9,499,000 | 9,499,000 | 47,500,000 |
| | TOTAL | 12,931,000 | 13,173,000 | 13,173,000 | 13,173,000 | 13,173,000 | 65,623,000 |
| STAFF COSTS a/ | | 742,769 | 778,636 | 817,123 | 863,645 | 909,359 | 4,111,532 |
| GENERAL OPERATING COSTS | | 191,600 | 190,550 | 257,350 | 245,100 | 257,200 | 1,141,800 |
| TOTAL, ESTIMATE SUPPORT BUDGET | | 934,369 | 969,186 | 1,074,473 | 1,108,745 | 1,166,559 | 5,253,332 |
| GRAND TOTAL | | 13,865,369 | 14,142,186 | 14,247,473 | 14,281,745 | 14,339,559 | 70,876,332 |

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

COUNTRY : ZAMBIA
PROGRAMME : 2002-2006

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

| PROGRAMME SECTION/AREAS AND FUNDING SOURCE | PROGRAMME BUDGET | | | POSTS a/ | | | | | | | | | | STAFF COSTS b/ | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | RR | OR | TOTAL | D2/L7 | D1/L6 | P/L5 | P/L4 | P/L3 | P/L2 | IP | NP | GS | TOTAL | IP | LOCAL | TOTAL |
| REGULAR RESOURCES : | | | | | | | | | | | | | | | | |
| PRIMARY HEALTH CARE & NUTRITION | 4,333,000 | | 4,333,000 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 2 | 3 | 862,112 | 164,796 | 1,026,908 |
| BASIC EDUCATION | 4,185,000 | | 4,185,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 164,796 | 164,796 |
| WATER, SANIT.& HYGIENE EDUCATION | 3,625,000 | | 3,625,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 66,233 | 66,233 |
| CHILD PROTECTION | 4,350,000 | | 4,350,000 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 862,112 | 0 | 862,112 |
| CROSS-SECTORAL COSTS | 1,630,000 | | 1,630,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 8 | 11 | 0 | 1,075,050 | 1,075,050 |
| TOTAL RR | 18,123,000 | | 18,123,000 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 3 | 13 | 18 | 1,724,224 | 1,470,875 | 3,195,099 |
| OTHER RESOURCES : | | | | | | | | | | | | | | | | |
| PRIMARY HEALTH CARE & NUTRITION | | 13,775,000 | 13,775,000 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 2 | 2 | 6 | 1,401,186 | 508,720 | 1,909,906 |
| BASIC EDUCATION | | 11,162,000 | 11,162,000 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 3 | 4 | 9 | 1,562,705 | 771,951 | 2,334,656 |
| WATER, SANIT.& HYGIENE EDUCATION | | 10,213,000 | 10,213,000 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | 2 | 5 | 862,112 | 482,573 | 1,344,685 |
| CHILD PROTECTION | | 12,350,000 | 12,350,000 | 0 | 0 | 0 | 2 | 0 | 0 | 2 | 3 | 3 | 8 | 1,724,224 | 800,478 | 2,524,702 |
| CROSS-SECTORAL COSTS | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 3 | 0 | 243,635 | 243,635 |
| TOTAL OR | | 47,500,000 | 47,500,000 | 0 | 0 | 0 | 4 | 3 | 0 | 7 | 10 | 14 | 31 | 5,550,227 | 2,807,357 | 8,357,584 |
| TOTAL RR & OR | 18,123,000 | 47,500,000 | 65,623,000 | 0 | 0 | 0 | 5 | 4 | 0 | 9 | 13 | 27 | 49 | 7,274,451 | 4,278,232 | 11,552,683 |
| SUPPORT BUDGET | Operating costs | | 1,141,800 | | | | | | | | | | | | | |
| | Staffing | | | 0 | 0 | 1 | 2 | 0 | 1 | 4 | 1 | 10 | 15 | 3,304,492 | 807,040 | 4,111,532 |
| GRAND TOTAL (RR + OR + SB) | | | | 0 | 0 | 1 | 7 | 4 | 1 | 13 | 14 | 37 | 64 | 10,578,943 | 5,085,272 | 15,664,215 |
| Number of posts and staff costs: | | | | | | | | | | | | | | | | |
| Current programme cycle | | | | | | | | | | 14 | 12 | 37 | 63 | | | |
| At the end of proposed programme cycle (indicative only) | | | | | | | | | | 13 | 14 | 37 | 64 | 10,578,943 | 5,085,272 | 15,664,215 |

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.